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## HEALTH ECONOMIC EVALUATION OF OUTPATIENT MANAGEMENT OF FIBROMYALGIA IN FRANCE

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**OBJECTIVES:** To estimate the medical and non-medical resource use and related costs for the management of fibromyalgia patients in France from both the societal and the public health care payer perspective. **METHODS:** A French expert panel, involving 33 general practioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003 (2260 fibromyalgia patients). Participating experts were asked to compare their own clinical practice to the UK prescriptions for diagnostic tests, drugs, consultations and referrals, over a period of four years before diagnosis to four plus years after diagnosis using 1-year intervals. In addition, prescription data related to paramedical and alternative care were collected. Costs were calculated by multiplying prescribed resource use with corresponding French unit costs (€; 2007; public health care payer perspective (PHCPP) and societal perspective (SP) including patient co-payments). Inpatient care and productivity loss were not considered. **RESULTS:** The mean medical treatment cost represents 345 euros per patient per year from the PHCPP (i.e. 84% visits, 9% drugs, 7% diagnostic tests) and €502 from the SP. Including paramedical and alternative treatments, the estimated cost is €414 per patient per year from a SP and €889 per patient from a PHCPP. The costs of paramedical and alternative treatments represent 16.7% and 43.5% of the total costs respectively (of which 75% of paramedical acts, 20% alternative treatment, 5% food supplements). The annual patient co-payment is estimated at €475; €447 and €497 in resp. the rheumatologists and the GP panel (i.e. 53, 51 and 55% of total costs). **CONCLUSIONS:** In France, the cost of outpatient management of fibromyalgia is estimated at 889 euros per patient per year from a SP and 414 from the PHCPP.

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## RHEUMATOID ARTHRITIS COST STUDY RESULTS IN POLAND

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**OBJECTIVES:** Analysis of Rheumatoid Arthritis (RA) treatment patterns and associated health care resource use in patients treated unsuccessfully with at least two DMARDs (including metotrexate) in order to evaluate the costs of RA treatment. **METHODS:** Multi-center, non-interventional, retrospective study of 154 patients with rheumatoid arthritis diagnosed in accordance with the revised criteria of the American Rheumatism Association (1987). DAS 28 score ≥ 3.2 and prior inadequate response to at least two DMARDs (including MTX). Data on RA treatment patterns and associated health care resource use at different levels of disease activity were collected between 2004 and 2007. Costs of hospitalizations, visits at outpatient clinics, outpatient pharmacological treatment, therapeutic rehabilitation, during the first 6 months of the study for each patient were taken into account. **RESULTS:** Median total cost in first 6 months of observation period was 1203.45 PLN/patient/month (€356). Hospitalization related cost was 661.52 PLN/patient/month (€195,7), ambulatory treatment cost 415.70 PLN/patient/month (123€). Total and hospital costs were significantly negatively correlated with patients' age (Spearman's rho = –0.186 and –0.218, respectively). Higher DAS 28 score significantly increased total, hospital and ambulatory costs (Spearman's rho = 0.362, 0.210 and 0.190, respectively). There was a tendency toward cost reduction with absence of concomitant diseases, university degree of patient and earlier calendar year of start of the treatment, especially after exclusion of DMARDS. **CONCLUSIONS:** Rheumatoid arthritis cost studies should take into account local factors influencing treatment patterns (like patient's age) in evaluation of costs of RA treatment.

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## COST OF THERAPY OF TUMOR NECROSIS FACTOR BLOCKING AGENTS IN PATIENTS WITH RHEUMATOID ARTHRITIS IN ITALY

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**BACKGROUND:** Anti-TNF therapies have proved to be efficacious in clinical trials for the treatment of patients with rheumatoid arthritis (RA). However, it is unknown, how often patients on anti-TNF therapy need dose escalation to try to recover lost effectiveness and how effective this dose escalation is. The potential economic impact of this phenomenon is of interest to health care budget-holders and decision-makers. **OBJECTIVES:** To assess the cost of the therapy in Italy in patients with RA treated with anti-TNF therapy (infliximab, IFX), etanercept (ETN) and adalimumab (ADA) for 36 months. **METHODS:** Patients attending participating centres who had received their first anti-TNF therapy between July 1, 2002 and March 31, 2004, and who gave their consent, were invited to participate in the study. Patients were required to be ≥18 years old, with a diagnosis of RA (defined by the ACR criteria). A total of 711 patients were enrolled in this retrospective cohort study involving a national representative sample of 23 rheumatology centres in Italy selected according to both geography and treatment setting characteristics. A patient chart review was conducted to collect data on anti-TNF treatments, and a diary of therapies was completed. Drugs acquisition costs were those officially available on December 2007. **RESULTS:** Patients' baseline characteristics were: female 80.8%, mean age 53.3 years (range 18–84 years), mean duration of disease 9.4 years. Of 703 patients who met the inclusion criteria, 248 (35.3%) were treated with IFX, 259 (36.8%) with ETN and 196 (27.9%) with ADA. After a follow-up of 36 months on the Kaplan—Meier curve, dose-modification was observed in 34.3%, 4.22% and 6.26% of patients treated with IFX, ETN and ADA, respectively. The dose modification of IFX compared with ETN and ADA was statistically higher (p = 0.0001 for both). The difference between ADA and ETN was not statistically significant (p = 0.552). The number of patients with a complete follow up of 36 months were: 98 for IFX, 145 ETN and 112 ADA. Overall, costs of treatment over 36 months of follow-up for these three cohorts of patients were: IFX €28,186.60 (SD 10236,87); ETN €36.541,16 (SD 10,603.65); ADA €38,215.85 (SD11,558.27). This equals to a 29.6% increase of costs of therapy for IFX, 4,4% for ADA. ETN had a minor decrease of 2.1%. **CONCLUSIONS:** Our data support that dose modification is a common strategy in RA patients treated with anti-TNFs biologics and its impact on treatment costs is sensible and must be carefully evaluated by health care budget-holders and decision-makers.